



EAST RIDING OF YORKSHIRE
Local Involvement Network

Your Voice on Health & Social Care

‘The Big Picture’

**Part 1
(Interim Report)**

**Review of
Health and Social Care Services 2010**

By

**The
Care in the Community Sub Group**

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Abstract

Local Involvement Networks were established in 2008 in every English local authority with social services responsibilities on the cessation of PPI (Patient and Public Involvement) Forums. Unlike PPI Forums, LINKs look at both health and social care provision and engage with the public to make sure that the voice of the community is heard. At a time when both health and social service provision are undergoing change, ERYLINK (East Riding of Yorkshire LINK) has during 2010 undertaken a review of current provision in this large, mainly rural, region. Forthcoming changes will be better monitored from this baseline.

Most areas in the East Riding of Yorkshire region have good health service provision at present although in some isolated areas, patients find the service erratic and poor. Social care provision can be patchy and uncertainties abound. Where there is a gap between the 2 providers, NHS ERY Community Services and Social Services, this can leave patients in limbo between discharge from health services into social care.

Geographical and administrative boundaries can affect communication between providers of health and social care which in turn can give rise to a break down in services to the individual. With the current changes that are under discussion prior to that decision, the need is for the patient/client to be at the centre of the decision-making process, this is one of the NHS aims. ERYLINK is checking that this is not just lip service.

Patients/clients may be sent for services or treatment across the whole of the East Riding or into North Yorkshire and Lincolnshire – and vice versa. There is a need for an excellent communication system between the health care and the social care providers and the patient/client in order that the standards of good practice can be maintained. ERYLINK plays an important part in capturing the voice of the patient/client and making it heard when health and social care professionals plan, commission or redesign services so that the views and concerns of patients/clients are always taken into consideration and services can be improved.

This report maps the current health and social provision as perceived and experienced by the people who use the services in the East Riding of Yorkshire. Where judgements are made and comment expressed in the text, it is a reflection of the strength of feeling the researchers encountered. Whilst every care has been taken to ensure that the contents of this report are accurate, the fast rate of change within the sector means that changes may have occurred since its publication.

Individuals' concerns and comments are listed at the end of the report.

ERYLINK will continue to monitor all services and standards over the forthcoming months but it is important to recognise that the services described in this report are a snap-shot and health and social care services are continuing to change and develop.

ERYLINK Care in the Community Sub Group - 'The Big Picture'

Introduction

The LINK's Care in the Community Sub Group has agreed as part of its objectives to look at the 'Big Picture' and identify areas of care where improvements, if thought necessary, can be addressed. The Group's first priority was to "review health and social care services currently provided by the Primary Care Trust and Social Services", though not at this stage to include Acute Services provided by Castle Hill Hospital and Hull Royal Infirmary. However, as part of this review these services cannot be looked at in isolation from the services provided by secondary care providers. This paper is an interim report that, it is hoped, will form part of that review and it is recognised that these services are in the state of change. The intention is to present this document in plain English without the use of unexplained acronyms; a Glossary is included as Appendix 2 for the assistance of the reader.

There are many barriers, which may have an adverse effect upon care. These may be political, funding, divisions between professionals, isolation, communication, to name just a few.

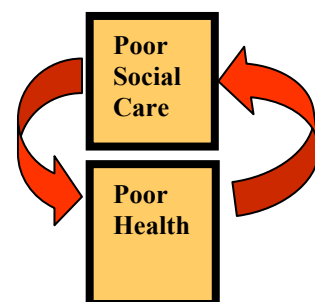
It is the Care in the Community Sub Group's view that patients, clients and residents receiving health and social care should be treated holistically, that the care received should be "seamless" and that no one should fall between the differing services or specialities.

It is accepted by Government and professionals that patients, clients benefit from an integrated care system. Indeed Section 31 of the 1999 Health Act allowed the flexibility of pooled budgets across boundaries. Additionally, it is accepted that care should take place, as far as possible, in the community. It is thought that patients benefit, wherever possible, from being moved from secondary to primary care.

Although care has undoubtedly improved in the East Riding of Yorkshire, in line with national trends, there are one or two differences which still need to be addressed (see page 5).

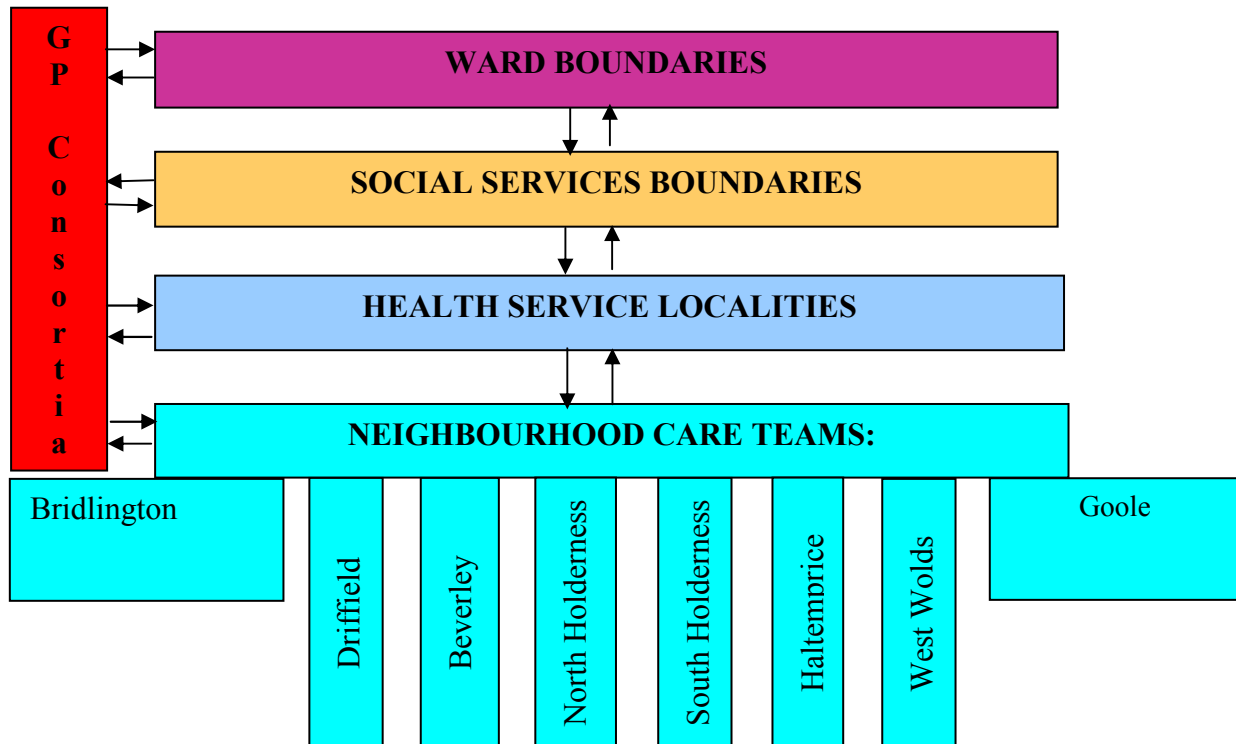
The Interface between Health and Social Care means that the NHS and the Social Care Service are undeniably linked.

Poor health affects social care services and poor social conditions affect the health of the population. It is essential that the boundaries of the Neighbourhood Care Teams and the Social Services districts are the same to prevent people slipping through the system.



Social Services' boundaries are linked to council ward boundaries that are linked to political control by the Local Authority. It therefore makes sense for the GP practices to follow the same boundaries. **(NB This principle may be compromised by the proposed reorganisations yet to be decided.)**

Diagram Depicting Linkage between the Local Authority, Social Services, Health Services and GP Consortia



An Alternative Structure – The Care in the Community Sub Group welcomes the fact that the boundaries of the Neighbourhood Care Teams, local authority care teams and NHS localities are the same. We hope that the good practise of matching boundaries will be continued when the new GP Commissioning Consortium becomes operational. This group recommends integrated NHS and Social Services across the East Riding of Yorkshire as this would be more conducive to a seamless service providing a safer and smoother service for patients and their carers.

Neighbourhood Care Teams - The East Riding of Yorkshire NHS sees the establishment of Neighbourhood Care Teams as the way forward within the East Riding of Yorkshire. Two teams were established initially: one in Bridlington (the pilot) and then followed by Goole and West Wolds and the remaining five teams. In total eight Neighbourhood Care Teams cover the East Riding. Efforts have been made for the boundaries to be the same as those of the Local Authority Social Services districts.

It is recognised that some differences may occur in any future configuration which may occasionally lead to difficulties for the patient/client, although this group has not yet established that people are falling through the net.

Localities – At the time of the writing of this report the East Riding of Yorkshire NHS was divided into 4 Localities. This has now become 5 but for the purposes of this report the

Locality 1 - Beverley and Holderness

Population: 95261 approximately (based on the 2001 census)

Estate	Beverley	Hornsea	Withernsea	Hedon
Community Hospitals	1	1	1	0
Health Centres	1	0	0	1
Dental Access Centres	1	0	1	0
Community Dental Service	1 Beverley Health Centre	0	0	1 Withernsea Hospital

Community Beds

Currently used for a range of patients' needs including, palliative care, rehabilitation, stroke and Chronic Obstructive Pulmonary Disease (COPD).

- Beverley: 12 beds (plus additional services; Podiatry, Physiotherapy, Occupational Therapy, X-ray facilities, Minor Injuries).
- Hornsea: 12 beds (plus additional services; Podiatry, Physiotherapy, Occupational Therapy, X-ray facilities, Psychology, Audiology and Orthopaedic Clinic).
- Withernsea: 12 beds (plus additional services; Dental Access, Minor Injuries, Podiatry Physiotherapy, Occupational Therapy, Psychology, Audiology/ENT).

Eventually these beds will change within the Locality to; Beverley 30, Withernsea 12 and 15 across the East Riding procured from the Independent Sector.

GP Practices

There are 12 GP Practices in this Locality. The additional and enhanced services provided by individual GP Practices are available only for those patients registered at that Practice.

Additional services provided by individual GP Practices:

- 12 Cervical screening
- 12 Child Health surveillance
- 12 Minor surgery
- 11 Contraceptive services
- 12 Maternity medical services
- 12 Childhood immunisation & pre-school boosters
- 12 Vaccinations & immunisations



Enhanced Services:

12 Minor surgery	5 Insulin conversions
6 Anticoagulation monitoring	9 Pessaries
5 Anticoagulation monitoring and testing	3 24 Hour ECG monitoring
12 Near Patient testing	2 Urea Breath testing
12 Intrauterine contraceptive device (IUCD)	7 Extended opening hours
3 Substance Misuse	12 Practice based Commissioning
10 Post op care	11 Choice and Booking
12 GNRH Analogues	6 DES: Alcohol 2010/11
11 Glucose Tolerance Testing	6 DES: Learning Disabilities 2010/11
12 Influenza immunisations	8 DES: Osteoporosis 2010/11
9 Contraceptive implant insertions/removals	5 DES: Ethnicity 2010/11

Practice Based Commissioning – Clinic based

- Doppler Service – vascular scan for leg vascular problems – Withernsea
- Long Term condition (LTC) Management – clinic for patients with LTC to have a medical review and personalised care plan developed – Withernsea.

Secondary Care Services in GP Practice

Any East Riding resident may attend one of the secondary care clinics held within GP practices, access is via a referral by the individual's GP.

- Orthopaedics – Old Fire Station, Beverley
- Sigmoidoscopy – Old Fire Station, Beverley
- ENT – Old Fire Station, Beverley
- Vasectomy – Dr Hill & Partners, Beverley
- Dermatology (2 sessions) – Old Fire Station, Beverley
- Orthopaedics – Hornsea Cottage Hospital
- Gynaecology – Church View Surgery, Hedon

Podiatry (per week)

- Beverley - 16 sessions
- Hornsea - 2 sessions
- Withernsea - 7 sessions
- Plus domiciliary - visits/other

COPD ROLLING PROGRAMME

- Beverley - (Tuesday)

Smoking Cessation Walk-in Sessions

- Aldborough
- Beverley Children's Centre
- Beverley Health Centre
- Hedon
- Hornsea
- Withernsea Hospital - 2 sessions

Social Services Care Management Teams

Teams based in Beverley and Skirlaugh.

Number and Type of Care Homes (Accredited by the Council – preferred provider)

Learning Disability 152 beds
Elderly Dependant 639 beds
Mixed Nursing 129 beds
Mental Health 56 beds

Services visited by ERYLINK ‘Enter and View’ representatives

Old School House, Residential Home, Beverley

(Visited on 26th April 2010)

Elderly, Dementia with exceptional needs
37 Social Care Places
2 Respite Care Places
1 Intermediate/Step down care Place



Lindum House, Private Nursing Home, Beverley

(Visited on 22nd July 2010)

Elderly, Physical Disability, Palliative Care and Dementia
60 Nursing Care places
1 Day Care place

Granville Court, Residential Home, Hornsea

(Visited on 15th October 2010)

Nursing care for those who have a significant learning disability with complex health needs.
20 Nursing Care places
1 Respite Care place

Willow Garth, Private Care Home, Hornsea

(Visited on 18th November 2010)

Mental health, rehabilitation, Korsakoff's Syndrome
58 Social Care places

Enter and View reports available on website.

Mental Health Services

The Crisis Resolution Home Treatment Team and Community Mental Health Teams are based in Beverley and Holderness.

Locality 2 - Bridlington and Driffield

Population: 63541 approximately (based on the 2001 census)

With an approximate extra 15000 seasonal visitors.

Estate	Driffield	Bridlington
Community Hospitals	1	1
Health Centres	0	1
Dental Access Centres	1	1
Community Dental Service	1 Bridlington Hospital	1 Driffield Dental Clinic

Community Beds

Currently used for a range of patient needs including palliative care, rehabilitation, stroke and Chronic Obstructive Pulmonary Disease (COPD).

Driffield: 12 beds

Bridlington: 12 beds

Eventually these beds will change within the Locality to Bridlington – 23 and 15 across the East Riding procured from the Independent Sector.

GP Practices

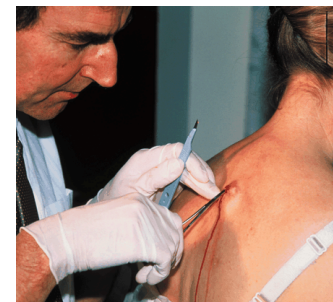
There are 8 GP Practices in this Locality. The additional and enhanced services provided by the individual practices are available only for those patients registered at that practice.

Additional services given by individual GP Practices:

- 8 Cervical screening
- 8 Child Health surveillance
- 8 Minor surgery
- 8 Contraceptive services
- 8 Maternity medical services
- 8 Childhood immunisation & pre-school boosters
- 8 Vaccinations & immunisations

Enhanced services:

- 7 Minor surgery
- 1 Anticoagulation monitoring
- 7 Anticoagulation monitoring and testing
- 8 Near Patient testing
- 8 Intrauterine contraceptive device (IUCD)
- 1 Substance Misuse
- 5 Post op care
- 8 GnRH Analogues
- 7 Glucose Tolerance testing



- 8 Influenza immunisations
- 8 Contraceptive implant insertions/removals
- 6 insulin conversions
- 7 Pessaries
- 3 Urea Breath testing
- 8 Practice based commissioning
- 4 Choice and Booking
- 7 DES: Alcohol 2010/11
- 6 DES: Learning Disabilities 2010/11
- 7 DES: Osteoporosis 2010/11
- 2 DES: Ethnicity 2010/11

Practice Based Commissioning – Clinic based services

- Tongue Tie - service for babies with tongue tie problems – Bridlington

Podiatry (per week)

- Bridlington Hospital - 14 sessions
- Alfred Bean - 5 sessions
- Plus domiciliary visits/others

Smoking Cessation Walk-in Sessions

- Bridlington Jamroz Centre
- Bridlington Resource Centre
- Bridlington Hospital
- Bridlington West Hill Community Centre – Closed for the summer
- Driffield Leisure Centre

Services visited by ‘Enter and View’ Representatives

Wold’s View Surgery – GP Access Centre based at Bridlington Hospital

(Visited on 28th September 2010.)

Rose Park, Private Care Home, Bridlington

(Visited on 14th September 2010)

Learning Disability
10 Social Care places

The Limes, Private Care Home, Driffield

(Visited on 26th November 2010)

Elderly dependant residential, physical disability, dementia with exceptional needs.
79 Social Care places

Enter and View reports available on website.

Social Services Care Management Teams

Teams based in Bridlington and Driffield.

Number and Type of Care Homes Accredited by the Council (preferred provider)

Learning Disability 162 beds
Elderly Dependant 513 beds
Mixed Nursing 219 beds
Mixed Residential 124 beds
Mental Health 72 beds

Mental Health Services

The Crisis Resolution Home Treatment Team and Community Mental Health Teams are based in Bridlington and Driffield.

Locality 3 - Goole, Howdenshire and West Wolds

Population: 75072 approximately (based on the 2001 census)

Estate	Goole	Pocklington
Community Hospitals	1	0
Health Centres	1	1
Dental Access Centres	1	1
Community Dental Service	1	1
	Goole Health Centre	Pocklington Dental Clinic

Community Beds

Currently the beds are used for a range of patient needs including palliative care, rehabilitation, stroke and Chronic Obstructive Pulmonary Disease (COPD).

Goole – Nil

Eventually the situation will change to 15 beds in Goole plus a further 15 across East Riding procured from the Independent Sector.

GP Practices

There are 8 GP Practices in the Locality. The additional and enhanced services provided by the individual practices are available only for those patients registered at that practice.

Additional services provided by individual GP Practices:

- 8 Cervical screening
- 8 Child Health surveillance
- 8 Minor surgery
- 8 Contraceptive services
- 8 Maternity medical services
- 8 Childhood immunisation & pre-school boosters
- 8 Vaccinations & immunisations

Enhanced services:

- 8 Minor Surgery
- 4 Anticoagulation monitoring
- 1 Anticoagulation monitoring and testing
- 8 Near Patient testing
- 8 Intrauterine contraceptive device (IUCD)
- 3 Substance Misuse
- 8 Post operative care
- 8 GnRH Analogues
- 3 Glucose Tolerance testing
- 8 Influenza immunisations
- 8 Contraceptive implant insertions/removals
- 5 Insulin conversions
- 8 Pessaries
- 1 24 Hour ECG monitoring
- 2 Urea Breath testing
- 6 Extended opening hours

- 8 Practice based Commissioning
- 5 Choice and Booking
- 5 DES: Alcohol 2010/11
- 5 DES: Learning Disabilities 2010/11
- 7 DES: Osteoporosis 2010/11
- 3 DES: Ethnicity 2010/11

Practice Based Commissioning/Clinic based services

- Residential Care Homes – targeted proactive care for patients residing in the locality.
- Weight Management Service – Gilberdyke.
- DVT D-Dimers – use of D-Dimer tests to reduce unnecessary referrals to secondary care – Pocklington, Snaith, Gilberdyke, Howden, Montague Practice and Bartholomew Practice (Goole) Market Weighton, Holme on Spalding Moor.
- Diabetes – proactive care of diabetes patients across the locality.



Secondary Care Services In GP Practices

Any East Riding resident can attend one of the secondary care clinics held within GP practices, access is via a referral by the individuals GP.

- | | | |
|--------------------------|---|---|
| • ENT | - | Market Weighton Practice, The Marshes, Snaith |
| • Orthopaedics | - | Market Weighton Practice |
| • General Surgery | - | Market Weighton Practice, The Marshes, Snaith |
| • Dermatology | - | Market Weighton Practice |
| • Gynaecology | - | Market Weighton Practice, The Marshes, Snaith |
| • Sexual Health & Family | - | The Marshes, Snaith |
| • Urology | - | The Marshes, Snaith |
| • Audiology | - | The Marshes, Snaith |

Podiatry (per week)

- | | | |
|----------------------------------|---|---------------|
| • Pocklington | - | 2.5 sessions |
| • Gilberdyke | - | 2.5 sessions |
| • Goole | - | 14.0 sessions |
| • Snaith | - | 1.0 session |
| • Howden | - | 1.5 sessions |
| • Plus domiciliary visits/others | | |



COPD/By appointment only/Individuals

- Gilberdyke (Monday pm)
- Goole (Monday pm)

Smoking Cessation Walk-in Sessions

- Goole, The Courtyard
- Goole, Health Centre
- Goole, Leisure Centre
- Market Weighton
- Pocklington
- Snaith



Services visited by the 'Enter and View' Representatives

Wold Haven, Residential Home, Pocklington

(Visited on 27th April 2010)

Very dependant elderly
36 Social Care places
1 Respite Care place

The Goddards, Private Care Home, Goole

(Visited on 16th September 2010)

Learning disability
10 Social Care places
2 Respite Care places

Hook Hall, Private Care Home, Hook

(Visited on 24th January 2011)

Elderly dementia
21 Social Care places

Pocklington Health Centre, George Street, Pocklington

(Visited on 12th November 2010)

Enter and View reports available on website.

Social Services Care Management Teams

Teams based in Goole and Pocklington.

Number and Type of Homes Accredited by the Council (preferred provider)

Learning Disability 67 beds
Elderly Dependant 267 beds
Mixed Nursing 196 beds
Mixed Residential 119 beds
Mental Health 17 beds

Mental Health Services

The Crisis Resolution Home Treatment Team and Community Mental Health Teams are based in Pocklington and Goole.

Locality 4 - Haltemprice

Population: 80238 approximately (based on the 2001 census)

Estate	Cottingham	Anlaby	Hessle
Community Hospitals	0	0	0
Health Centres	1 Currently Closed New build underway	1 Future under review	1
Dental Access Centre	Closed	0 Haltemprice is adjacent to Hull and may use a Dental Access Centre in Hull	0 Haltemprice is adjacent to Hull and may use a Dental Access Centre in Hull
Community Dental Service	0	To be transferred to Cottingham	0

GP Practices

There are 11 GP Practices in the Locality. The additional and enhanced services provided by the individual Practices are available only for those patients registered at that Practice.

Additional services provided by individual GP Practice:

- 11 Cervical screening
- 8 Child Health surveillance
- 10 Minor surgery
- 11 Contraceptive services
- 11 Maternity medical services
- 8 Childhood immunisation & pre-school boosters
- 10 Vaccinations & immunisations



Enhanced services:

- 9 Minor surgery
- 4 Anticoagulation monitoring
- 5 Anticoagulation monitoring and testing
- 11 Near Patient testing
- 7 Intrauterine contraceptive device (IUCD)
- 3 Substance Misuse
- 9 Post op care
- 11 GnRH Analogues
- 9 Glucose Tolerance testing
- 10 Influenza immunisations
- 4 Implant insertions/removals
- 5 Pessaries
- 1 Urea Breath testing
- 3 Extended opening hours
- 11 Practice based Commissioning
- 7 Choice and Booking
- 4 DES: Alcohol 2010/11
- 3 DES: Learning Disabilities 2010 to 11
- 7 DES: Osteoporosis 2010/11
- 4 DES: Ethnicity 2010/11

Secondary Care Services in GP Practices

Any East Riding resident can attend one of the secondary care clinics held within GP practices. Access is via a referral by your GP.

- Vasectomy Clinic - Hessle Grange Medical Practice
- Dermatology Clinic – Brough Medical Practice

Practice Based Commissioning/Clinic based services

- DVT D-Dimers – use of D-Dimer tests to reduce unnecessary referrals to secondary care – Anlaby, Cottingham Medical Centre, Park view (Hessle), The Chestnuts (Cottingham), Hessle Grange, Willerby, Brough and South Cave.
- HaRP – pro-active care of COPD patients – Willerby, Hessle Grange, The Chestnuts (Cottingham), Cottingham Medical Centre, Park View (Hessle), Swanland, Brough and South Cave.

Podiatry (per week)

- Brough – 4 sessions
- Hessle – 8 sessions
- Anlaby – 4 sessions
- Plus Dom visits/others

COPD/ROLLING PROGRAME

- Cottingham (Tuesday pm)
- South Cave (Monday am)
- Hessle (Monday pm)

Smoking Cessation Walk-in Sessions

- Anlaby Village Hall
- Anlaby Haltemprice Leisure Centre
- Cottingham
- Hessle

Services visited by 'Enter and View' Representatives

Anlaby Health Clinic (visited on the 1st September 2010)

6 GP sessions – general practice work

Midwife base

Dental Service – 6 sessions

Podiatry – 4 sessions

Footcare – 6 sessions

Community Paediatrician – 1 session

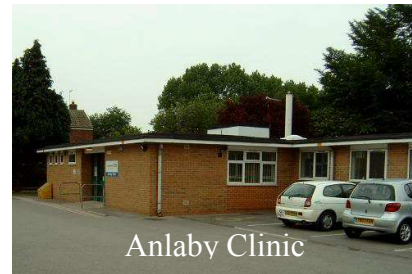
Retinal Screening – 3 sessions

Dietician - 1 session

Child Health 1 session

Enuresis Clinic – 1 session

(It is noted that these services will change when Cottingham Clinic re-opens.)



Enter and View reports available on website.

Social Services Care Management Team

Team based in Hessle.

Number and Type of Care Homes Accredited by the Council (preferred provider)

Learning Disability NIL

Elderly Dependant 741 beds

Mixed Nursing 263 beds

Mixed Residential 59 beds

Mental Health Services

The Crisis Resolution Home Treatment Team and Community Mental Health Teams are based in Hessle.

Summarised Information

Social Services Specialist Teams

The following teams work across the East Riding:

Disability Resource Team - Assessment Officers, Occupational Therapists and Occupational Therapy Assistants, and workers for people with sensory impairments

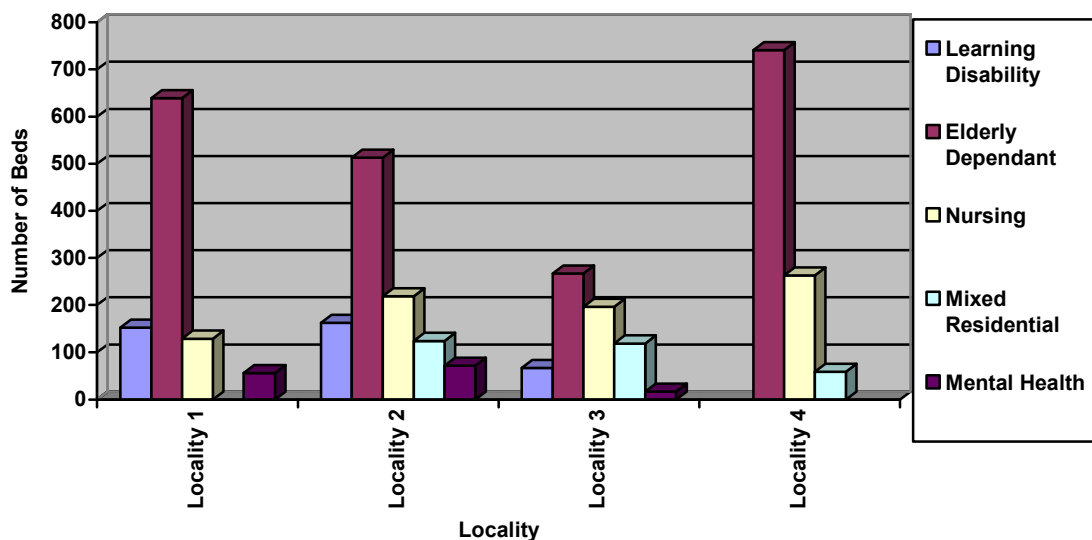
Safeguarding Adults Team - Assessment Officers who respond to 'safeguarding alerters' and Deprivation of Liberty Safeguards

Castle Hill Hospital Team - Assessment Officers who carry out assessments and support planning for people in Castle Hill Hospital. There are reciprocal arrangements with Hull City Council whereby the East Riding of Yorkshire Council undertake the assessments for everyone who needs one in Castle Hill irrespective of whether they are residents of the East Riding or Hull. Likewise, Hull City Council hospital team based in Hull Royal Infirmary undertake assessments on behalf of East Riding residents as well as those of Hull. In addition, the Castle Hill team has some specialist assessment officers for people with HIV/AIDS or terminal illnesses.

Care Homes – Number of Council Accredited Beds in the East Riding by Locality

	Locality 1	Locality 2	Locality 3	Locality 4
Learning Disability	152	162	67	
Elderly Dependant	639	513	267	741
Nursing	129	219	196	263
Mixed Residential		124	119	59
Mental Health	56	72	17	

Number of Council Accredited Beds in the East Riding by Locality



Only one home was noted for **substance abuse** in the East Riding, which was based in Bridlington but this was not accredited by the Council and only 10 beds were available.

Secondary Care and Community Care Services

The people living in the East Riding of Yorkshire transfer into the following Acute Hospitals; Scarborough, Goole, Scunthorpe, Castle Hill, Hull Royal Infirmary and York. Only Acute Hospitals situated in the East Riding are included in this report.

Hull Royal Infirmary and Castle Hill Hospital are situated in Locality 4.

The main services include the following plus Accident and Emergency:

Acute Medical

Medical Elderly Services	Gastroenterology
Diabetes	Endoscopy
Endocrinology and Metabolic Bone Services	Plastic Surgery
Infectious Diseases	Dermatology
Renal Medicine	Obstetrics and Gynaecology
Breast Surgery (including Breast Screening)	Children and Young People
Ophthalmology	Day Surgery
Trauma and elective Orthopaedics	Acute and Chronic Pain Services
Rheumatology	Neurosurgery
Vascular	Respiratory
Urology	Oncology and Haematology
Acute Surgery	Cardiology
Upper GI	Cardiothoracic Surgery
Colorectal	Chest Medicine
	Neurology
	Stroke
	Rehabilitation

All Acute Services are offered as clinics at the following sites:

Bridlington Hospital is situated in Locality 2.

The main services include the following:

Renal Dialysis
 Elective day cases (Orthopaedic, Gynaecology, Urology, general surgery, Cardio version, ENT)
 Endoscopy Unit
 Pain Clinic
 Audiology
 Surgery short stay patients
 Orthopaedic
 Acute Medical
 Mental Health
 Rehabilitation, Palliative Care, Day Hospital (Community)
 MacMillan Wolds Unit (Community Ward)
 MIU (Community)



Blood Clinic
Phlebotomy
Physiotherapy
Occupational Therapy
Podiatry

Goole District Hospital is located in Locality 3.

The main services include the following:

Orthopaedic Surgery
General Surgery
Urology
ENT
Ophthalmology
Pain Management
Gynaecology
Plastic Surgery
Midwifery Centre (home from home)
Doctor-led MIU service 24/7
Wide range of Outpatient clinics
Radiology
Adult medicine and rehabilitation wards with some day attendees services, e.g. falls clinic
Neuro-rehabilitation Centre (GNRC)



Alfred Bean Hospital, Driffield is located in Locality 2.

The main services include the following:

MIU
Physiotherapy
Occupational Therapy
Podiatry

Beverley Westwood Hospital is located in Locality 1.

The main services include the following:

Children's and Adolescent Services
Diabetic Medicine
Endocrinology and Metabolic Medicine
ENT
General Surgery
MIU
Neurology Services
Orthopaedics Services
Respiratory Medicine Services
Rheumatology Services
Vascular Surgery
Occupational Therapy
Physiotherapy

Withernsea Hospital is located in Locality 1.

The main services include the following:

- Minor Surgery
- MIU
- Blood Clinic
- Podiatry
- Physiotherapy
- Occupational Therapy
- Wound Clinic
- X-Ray
- Living with Diabetes
- Audiology/ENT
- No Smoking Clinic
- Speech and Language

Hornsea Hospital is located in Locality 1.

The main services include the following:

- MIU
- Baby Clinic
- Midwife Clinic
- Podiatry
- Physiotherapy
- Occupational Therapy
- Health Visitors
- Wound Clinic
- X-Ray
- Speech and Language
- Psychology
- Asthma Clinics
- Occupational Health
- Retinol Screening
- Living with Diabetes
- Healthy Weighing
- Audiology/ENT
- Orthopaedic Clinic

Other services may be available at these locations, depending on need and availability of mobile services.

Mental Health Services

Inpatient beds are based at Mill View Lodge, Castle Hill Hospital and Buckrose Ward, Bridlington. We understand that, subject to formal consultation regarding the provision of Adult and Older Peoples' Mental Health Services, Buckrose Ward may close at some point in the future.

Clinics and Health Centres

A range of services is also available at the following locations:

- Anlaby Clinic
- Brough Primary Care Contact Centre
- The Grange, Hessle Primary Care Centre
- Pocklington Health Centre
- Wold's View Surgery, Bridlington

General Comments and Recommendations

Maternity Services

Maternity beds in Bridlington have closed with maternity patients transferred to Scarborough Hospital leaving no maternity beds within East Riding of Yorkshire except for 6 birthing beds at Castle Hill Hospital. However, the Care in the Community Sub Group still needs to establish if these beds are to remain open. There are other maternity beds available at Hull Royal Infirmary and at Scarborough Hospital.

Step Down Care

The Care in the Community Sub Group suggests that Day Patient facilities are required for elderly, stroke, neurological and other chronically ill patients who although they may be able to live in their own homes overnight, do need nursing, medical and rehabilitation including diversional therapy and social care. Often these patients are isolated at home and as a consequence suffer from depression. The Care in the Community Sub Group believes that there is a requirement for these patients to have social interaction which could be combined with their treatment needs. District Nurses and Therapists visit these patients but it is stressed that it appears that much more social interaction is needed for this group of patients.

The establishment of Day Care facilities would enable these patients to live in their own homes and ensure earlier discharge from hospital. It would also assist in preventing or reducing readmission into an acute hospital. This type of care should ensure that patients are treated holistically, enabling them, hopefully, to resume a more meaningful life much sooner than by present conventional means.

Community Beds

The spread and availability of community beds demonstrates that there is a deficit at Pocklington and the surrounding area. People feel left out of the picture as regards this provision.

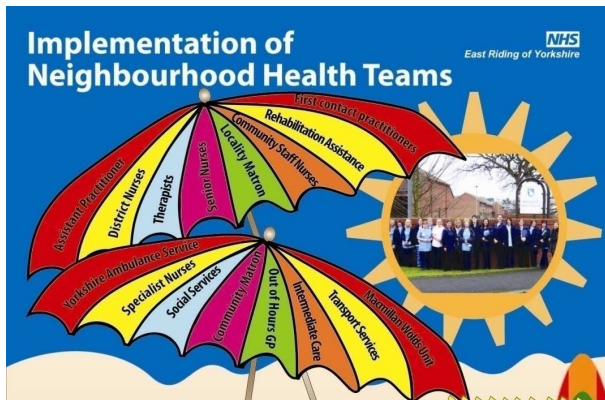
Goole may be the nearest area within East Yorkshire but the distance and difficulty for those without their own transport leaves them isolated. The East Riding of Yorkshire NHS may feel able to buy this service in from nearby York for the Pocklington area. But it is important that this problem is addressed if care in the community is to be a success.

Possible closure of beds from the Alfred Bean Hospital in Driffield and the transfer of facilities to Beverley will pose a similar issue of isolation and difficulties in transportation for people without their own means of transportation or telephone.

The Care in the Community Sub Group recommends that thought be given to the reduction of the carbon foot print of transport to and from health and social care services in the East Riding.

Development of Team Working – Neighbourhood Care Team (NCT)

The Care in the Community Sub Group supports the concept of Neighbourhood Care Teams, previously known as Neighbourhood Health Teams, particularly as it provides a one stop access point to services. However, it believes the ultimate benefits of close team working cannot be achieved unless all disciplines come together under one roof. The LINK representatives visited part of the NCT based at Pocklington Health Centre and were surprised to find that the Adult Social Services staff is based in a separate building



approximately one mile from the District Nursing Team. The computer system used by the District Nursing Team is the NHS 'system one' which does not talk to the Social Services Computer system, or to the local GP Practice system. The LINK representatives were left with the impression that very little had changed from the previous intermediate care arrangements.

We recommend that in the interest of the people receiving the service the different disciplines that make up the Neighbourhood Care Teams must have improved means of communication and develop a high level of 'esprit de corps' if the NCTs are to reach an optimum level of service which can only benefit the recipients.

We further recommend that the establishment of NCTs be widely published to ensure that members of the public are aware of their existence, function and contact numbers. We believe that NCTs and associated services should be housed under one roof to enhance communication and service. NCTs should operate 24 hours a day, 7 days a week.

Self Care Strategy

Whilst the Care in the Community Sub Group wholeheartedly supports the East Riding of Yorkshire NHS Self Care Strategy its aim must be to provide a benefit for patients. It must not be put in place primarily as a money saving exercise. It must not be introduced at the expense of or reduction of the present standards and level of care.

As people get older they are more likely to need greater support. All those over 60 years would benefit from being assessed at this stage or earlier if necessary and they would also benefit from a self care strategy developed for each individual to meet their current health and social needs and to assist (or encourage) them to lead a healthy lifestyle. This proactive intervention would, we have no doubt, reduce the need for a major and more costly involvement later in life especially if they receive regular reviews, say on a yearly basis or shorter intervals if circumstances dictate. Preventative treatment and, if required, early intervention would save money in the long term and reduce the cost to society of ill health.

The Care in the Community Sub Group believes that training should be given to relatives or carers of individuals in their own home so as to meet the specific requirements of the person in need in order to ensure that they are managing care safely (e.g. lifting and handling, basic care). It allows the person in need to be cared for in their own home for longer.

The use of the Telehealth system would be a vital aide to providing care. However, it must be remembered that elderly people, who often live in isolation, need the face to face approach and although Telehealth may provide a feeling of reassurance it must not replace human contact.

Local Hospitals – Bridlington, Driffield and Goole

These hospitals are very popular with the local communities. Members of the public feel very strongly about their local hospitals and are deeply dismayed that they might close.

They would not only like to see the services in Bridlington, Driffield and Goole Hospital maintained but also improved.

In order to reduce difficulties to patients and to reduce our carbon foot print it makes economic sense that medical staff should if necessary travel to these hospitals rather than patients having to travel to either Scarborough or Scunthorpe.

The Care in the Community Sub Group strongly recommends that the patients' and carers' convenience, cost of travel, together with their carbon foot print, be factored into decisions made relating to services in these areas and that every effort be made to provide a service near to areas of population, subject to the safety of the patients served.

Substance Abuse

Substance abuse is recognised as a severe problem which not only ruins the participant's life but can break up and destroy whole families or destabilize communities. Although this problem is widespread within the East Riding more needs to be done to combat its destructiveness.

It is sobering to find that only approximately one quarter of GP practices offers enhanced services in this respect and only one residential home with 10 beds is available within the East Riding. The Care in the Community Sub Group recommends that professional help should be available across the community and all GPs should be urged to extend their services to provide support when required.

GP Extended Hours

It is noted that less than half of GP practices in the East Riding operate an 'extended hours service'. Employees today have to be flexible as do employers. GP practices should consult the patients they serve and if required try to meet the requirements of their patients, particularly working patients who are in need of later appointments.

Secondary Care in GP Practices

Secondary Care is provided in a limited number of GP Practices. The Care in the Community Sub Group suggests that these services should be widely available to those living in that area and extended to include other Practices located at some distance from the main Hospitals to reduce the need for patients and their carers to travel long distances (subject to the constraints of patient safety).

GP Specialist Interest

Some GPs have specialist interest areas and their expertise is only used by patients within the practice. The Care in the Community Sub Group suggests that patients in other practices may benefit from being able to access these services. This enhancement of patient care should be explored.

Artificial Limb Service

We consider that the building for the Artificial Limb Centre in Sykes Street in Hull is not fit for purpose. This facility was originally provided as a short term measure in 1972 until a purpose built unit was available.

The fitting rooms are too small to allow an amputee to test a limb by exercise in order to ensure its suitability and comfort. An area is required to enable an amputee to try an artificial limb in a controlled secure environment and in normal every day conditions (initially under supervision), e.g. walking on paved areas including on a surface with a camber, stepping down and onto curbs, walking on uneven surfaces, walking up and down stairs. The existing building does not have the space to provide these facilities. In addition, it is isolated from the acute rehabilitation areas. New amputees would especially benefit from being able to use an area of this nature to build up confidence and speed up acclimatisation to normal daily living. The current facility in Hull serves about 900 people in the East Riding of Yorkshire, Kingston upon Hull, North Lincolnshire and North East Lincolnshire and beyond. It needs to be stressed that the Artificial Limb Service is a service for *life*.



The Artificial Limb Centre in Hull

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We strongly recommend that the 4 PCTs investigate the possibility of collaboration to provide modern facilities for artificial limb users and amalgamate the new facility with rehabilitation.

Communication Regarding Out-Of-Hours: one number

Some members of the public are still uncertain about which contact telephone number to use when requiring 'Out of Hours Service' medical assistance.

A Single Point of Contact (0845 056 8060) and its marketing should reduce/remove this issue.

Holistic Care

We support an holistic form of care that meets each individual person's needs and not prescriptive centred services that are based on processes rather than individualised care need.

The need for an holistic form of care should be at the forefront of all health and social care professionals particularly the link between physical well being, mental health and social needs. It is thought that a large number of care professionals concentrate upon their own speciality to the exclusion of other individual aspects of care.

The Care in the Community Sub Group proposes that all care professionals (including medical) should be encouraged to be aware of the individual's whole picture so that appropriate care can be given in a timely manner.

Anlaby Clinic

Especially the elderly and people with transport problems would be disadvantaged if Anlaby Clinic closed. We believe that this Clinic serves a useful purpose and should not

be closed. We urge East Riding of Yorkshire NHS to consider our recommendation when reaching a decision regarding the facility.

Blood Transfusion Service

As all donors have already taken certain tests to verify the safety of the blood donation, the Care in the Community Sub Group suggests that the NHS explore the possibility of encouraging an increase in blood donations by offering any additional health tests possible to those who wish their sample of their donated blood to be examined further. This may provide additional assurance to the donor of their health status and increase the number of donors.

West Wolds

Residents' Concerns

Many residents of Pocklington and the West Wolds, who expressed an opinion, feel isolated from the rest of the East Riding. They look to York for support but are sent by the NHS to Goole or even Scunthorpe Hospitals. Additionally, some residents feel that one Health Centre in Pocklington is insufficient to serve the area.

The loss of funding to the East Riding Community Hospital in Beverley

Some residents expressed concern that the plans for an East Riding Community Hospital in Beverley has emphasised this feeling of isolation by some residents in this area. Some residents have expressed their feeling that they have been left with an inferior service.

Neighbourhood Care Teams

The process of establishing Neighbourhood Care Teams (NCTs) has been seen by many residents as a move to transfer care from hospitals into the community. It had been greeted with great scepticism and concerns about capacity, workload and travelling resulting in care in the community not being able to be delivered properly.

Perceptions

At a recent ERYLINK Enter and View Visit to Pocklington Health Centre:

- the perception of isolation was re-enforced;
- it was felt that the Neighbourhood Care Team as a team did not function too well;
- some of the District Nursing staff voiced their concern that there was little interchange between the NHS staff and the Social Services staff;
- Adult Social Services is housed in a different building to NHS staff;
- there are problems with their different computer systems which do not communicate with each other.

Communications

As in all areas of the East Riding of Yorkshire, perhaps elsewhere too, there is an urgent need for all staff to understand the necessity for good – i.e. effective – communications. Communication across the many levels of understanding and across the many barriers that people and the media put up is not easy. We should adopt the rule that unless the signal comes back 'message received and understood' communication hasn't happened.

The Care in the Community Sub Group strongly recommends to become a better service, that interaction between the NHS staff and Social Services staff within the Neighbourhood Care Team be improved urgently to enable staff to work efficiently and effectively. As recommended after the Enter and View visit it is also the view of the LINK's Sub Group that both social services and NHS staff be housed in the same building. This would also contribute to raising confidence in the NCT within the community. The Sub Group further recommends that the future GP Commissioning Consortia look to more medical provision in the West Wolds and particularly in the Pocklington area.

Withernsea and District Services

Withernsea is a market town and seaside resort surrounded by a large sparsely populated area. The main areas of employment are in agriculture, tourism and in the care sector. There is also a large elderly population as the area is popular as a retirement area for people wishing to leave the industrial cities of West and South Yorkshire. Average wages tend to be low and some areas are very deprived.

The health and social care concerns that the people have are as follows:

Rurality and Isolation

1. Provision of health and social care over such a wide area is difficult and at times there does not appear to be equality of provision.
2. Secondary health care is provided at HRI and CHH, 20 and 28 miles distance. Public transport is poor and in some areas non-existent. Therefore patients and their relatives are reliant on Patient Transport Service, community transport, the MEDIBUS and friends and family as many do not have transport of their own.

Withernsea Hospital

The 12 beds are mostly used as step-down beds for patients following discharge from the Acute Hospitals. As most of the patients are local this is appreciated as transport problems do not arise and the patients are generally happier to be among people that they know.

People would like to see more clinic/services held at the hospital; again this is because of transport problems. It is not unusual to attend an outpatients clinic in Hull and see several people who have also travelled from Withernsea.

The MIU at the hospital is open from 9 am to 5 pm, Monday to Friday. People would like to see longer opening hours particularly at the weekend.

GP's Surgery

There is a large practice with 7+ doctors in the town with a further 2 branches in villages a few miles distant. The people are generally happy with the medical attention that they receive but are concerned at the opening hours, which are 9 to 5, Monday to Friday.

There are concerns regarding the appointment system, patients' inability to see the GP of their choice, no appointments being available for several days. However, a limited number of same-day appointments have been set up and this appears to have improved matters.

The surgery operates a 0844 telephone system. Whilst it is easier to get through to the surgery at peak times several people have complained about the high cost of calls – mostly from a mobile phone.

Dental Services

Although Withernsea has no dental drop in centre at the hospital, it has three NHS Dental Practices; Light House Dental Practice, City Health Dental at Withernsea Hospital and Portland Dental Practice. The latter being in the town for 15 months and everyone is very pleased with this service.

Chemists

The GP surgery has a dispensary for patients living over 1 mile away, there are 2 Boots pharmacies and 1 100 hour independent pharmacy. Various services are available including a minor ailments service.

OOH Service

The GPs do not make house calls out of hours, therefore, people requiring attention are asked to travel to the Rosedale Centre in Hedon, some 18 miles away. Again this proves difficult when relying on public transport. (Sunday services are less frequent and a long walk is also involved) This situation is made worse by the MIU being closed during the evenings and weekends.

Ambulances

Owing to the vast distances that the emergency ambulances have to travel it is often difficult for them to attend within 8 minutes. The service is reliant on First Responders but this is a voluntary organisation and is very patchy.

Several people have complained about the service on weekend nights when ambulances travel to A & E in Hull and are then sent out to calls within the Hull area leaving no cover in the Withernsea area.

Summer Visitors

All the above problems are made worse in the summertime when the population of Withernsea trebles with the number of summer visitors who live on one of the many caravan parks in the area. These people are often older people who have existing conditions. A good proportion are not registered at the Withernsea GP practice as they do not class their caravans as their permanent home.

The visitors put pressure on the health and social care services generally and are more likely to attend A & E when the MIU is closed and not use the OOH service.

Mental Health Services

Wide ranging changes in the delivery of older age and adult mental health in-patient services are currently being proposed by Humber NHS Foundation Trust and NHS East Riding of Yorkshire subject to Strategic Health Authority (SHA) approval.

The suggested closure of Buckrose Ward at Bridlington Hospital in particular raised fears of disadvantage. Residents from Bridlington and area are worried that a consolidation of services for adult in-patients at Mill View Court and Lodge at the Castle Hill Hospital site in Cottingham would mean increased travel problems for service users, carers and families.

Another fear is that as proposed closures and consolidations turn into reality the number of beds available will be reduced. However, with the development of alternatives to hospital admission Humber NHS Foundation Trust and NHS East Riding of Yorkshire hope to reduce the number of beds required for in-patient stays. The Crisis Resolution Home Treatment Team plays an important part here as it provides support for people in crisis to stay in their own home or communities.

The Mental Health and Learning Disability Sub Group which works closely with the Care in the Community Sub Group is committed to ensuring that the best interest of service users, their families and carers is at the heart of every change. The Sub Group therefore expects that proposals go to public consultation and that it will be clearly delineated how money saved from any closures will be used to help day patients in Bridlington as well as in-patients at Mill View Court and Lodge in Castle Hill Hospital, Cottingham.

The Sub Group further stresses that any work stream that is intended to bring improvements to the overall service needs to be monitored closely to audit actual outcomes – regardless whether the service is provided by Humber NHS Foundation Trust (NHS East Riding) or the East Riding of Yorkshire Council, and is proactive in this. In collaboration with the Crisis Resolution Home Treatment Team, it has initiated its own survey to gauge service user satisfaction and it has lately started on a survey to find out whether the Personalisation agenda with its emphasis on individual choice and budget control is working for people with mental health problems, learning disabilities or complex needs. The results of these surveys will provide valuable insights into the effectiveness of these services and need to be incorporated in the necessary assessment of services to continue to drive improvements.

Secondary Care – Elderly

The number of Alzheimer's/dementia patients is increasing and the standard of care needs to be addressed to meet the present and future care.

Medical elderly patients are nursed on medical elderly wards which also cater for Alzheimer's/dementia patients. Those patients with an advanced condition often have challenging behaviour and can be very disruptive and cause distress to elderly medical ill patients, some of whom are extremely frail, who are being nursed on the same ward. Although dementia patients have their rights the disruption can



attain such a level that other acute medical patients have their sleep interrupted, the contents of their lockers and personal belongings interfered with and sometimes their beds and chairs urinated upon. This level of disturbance is unacceptable. The Care in the Community Sub Group therefore suggests that patients suffering from **advanced dementia and Alzheimer's** should be nursed in separate purpose built or suitably adapted wards which would be secure and be appropriate to cater for their needs allowing other acute medically ill patients a safer and suitable environment which would be more conducive to their recovery.

We further suggest that Alzheimer's/dementia patients should be nursed by staff who have received training in this specialist and increasing field.

Safeguarding

The Care in the Community Sub Group believes that the safeguarding of adults is an essential component of protecting vulnerable people from abuse. Safeguarding of Adults Training is approved by Health Services as a mandatory training issue as it is in Social Care. We recommend that serious consideration should be given to delivering this training to all medical staff including General Practitioners as soon as it is practicable to do so. Expert training in Safeguarding of Adults is undertaken free by the Local Authority by contacting the Safeguarding Team and Alert Forms are obtained on line.

Peoples' Comments and Concerns

The Issues/Concerns/Complaints section below represents the thoughts of the individual and does not represent the views of ERYLINK.

Neighbourhood Care Teams (NCT)

- Insufficient publicity of the function and accessibility by the public of their NCT. (Forum, June 2010)
- Difficult to find out about services when you don't know they exist. (Forum, June 2010)
- In Bridlington GPs and other professionals work well with the NCT. (Forum, June 2010)
- It is essential that a strong liaison between the GP and the NCT exists because long term patients receive care from the NCT and GP. (Forum, June 2010)
- A publicity campaign directed at the General Public is required with a specific emphasis on function and accessibility of NCTs. This must be conducted across all Localities and always before implementation of the NCT within a Locality. People need to know how, when and where they access the services of the NCT. (Forum, June 2010)
- It is useful if a constructive discourse takes place with GPs working with NCTs and GPs who are yet to work with NCTs. The purpose of which would be to resolve some of their concerns. (Forum, June 2010)
- A 'one stop shop' is required. (November, 2010 Questionnaire)

Joint Working

- Barriers to joint working were thought to be the transfer of costs between health and social care services. (Forum June 2010)
- The Community Care Sub Group of ERYLINK believes that care should be seamless so that the suggestion that care delivery stops at a particular time should be out of the question. A central portal for care delivery information and direction with linkage to the NCTs services is required and it is suggested that this could be linked to NHS Direct (or its successor). This would ensure people get the care required without direct admission to hospital. (Forum, June 2010)

Voluntary Services

- People working in the voluntary sector were of the opinion that they were expected to pick up costs that the health service should have paid for. (Forum, June 2010)
- An important point was that the voluntary sector was more individually focused on the person than health and social care providers. (Forum, June 2010)

Communication

- Should minor injuries, Drop in Centres, the Out of Hours Team and NCTs have a common telephone number? (Forum, June 2010)

Holistic Care

- The Care in the Community Sub Group of ERYLINK support a holistic form of care that meets each individual person's need and not prescriptive centred services that are based on processes rather than individualised care need. The needs of individuals differ greatly and because of this, their care is more difficult to manage. However, this Group hopes that NCTs working in partnership with GPs allows this flexibility of care delivery as a person centred approach. (Forum, June 2010)
- Joined up services are required. (November, 2010 Questionnaire)
- More co-ordination between GPs and hospitals. (Withernsea Coffee Morning, November 2010).

After Hours Service

- Several people having to get to local hospital in acute pain. (March, 2010 Forum)
- Out of Hours at hospital, why no weekend opening? (Withernsea Coffee Morning, November 2010).

GP Care

- Exceptional high quality of care from GP including recognising potentially fatal condition, care which was way beyond the call of duty. (March, 2010 Forum)
- Good practice at GP Surgery. When calling our daughter in for review did not receive a 'stock' letter but an individual one, personal to her needs. Obviously more time consuming for them but very appreciated. (March, 2010 Forum)
- Mental Health - Surgeries participating in self help groups – it is necessary that the public know what is available. (March, 2010 Forum)
- Hospital on release did not carry out assessment, GP has not referred the case for assistance or checked that support and benefits are in place, social services have not followed up the case. (March, 2010 Forum)
- Mental Health – GP referred delegate to community support and excellent support was received once they got there but it took 7 months to get the support as the services for mental health are all part-time. Nationally the average wait from GP referral to support is 6 months, so our delegate was even longer than this receiving their services. Psychiatric services are very pressured as the region is very short of them as well as being short of staff, who are not easy to train. (March, 2010 Forum)
- No phlebotomy nurse at GPs so have to attend Goole Hospital. (Goole Forum, September 2010)
- No GP available in the village, doctors available in Hessle, North Ferriby and Willerby. New centre being built at Chestnut Avenue in Willerby, which Anlaby people can access. If you can develop services here, why not use Anlaby Clinic? (Anlaby Forum, August 2010)
- An Anlaby family member could only get a Hessle doctor and now after a serious leg injury he still can't get an Anlaby doctor. (Anlaby Forum, August 2010)
- I want to keep GP services local in my area. (November 2010 Questionnaire)

- Home visits are virtually non-existent. My sister was forced to visit the surgery in her dressing gown when she was really too ill to do so but was not given a home visit. (November 2010, Questionnaire)
- Missing from health care is after hours care from GPs. Personal knowledge of patients in multi-practices where seeing the same doctor for a continuing illness can be very difficult. (November 2010, Questionnaire)
- Flu injection – a lot of people put off having their flu jab as swine flu was included. People ought to have had choice without swine flu. (Withernsea Coffee Morning, November 2010).

GP Appointments

- You can't call at your Health Centre to book an appointment with your doctor. You have to phone like everyone else at 8 am and that costs a lot of money when placed in the queue. "Just make it easy for patients not the staff".
- I feel doctors' surgeries do not cater for people who work. It is very difficult for this group to make appointments. Trying to phone a surgery at times to make an appointment is almost impossible. Fine if you are retired. Plenty of time to keep ringing. (November, 2010 Questionnaire)
- Difficult to get an appointment to see Howden GP. (Goole Forum, September 2010)
- GP's appointments based at Goole Hospital can't make appointment until the day at 8 am then booked. (Goole Forum, September 2010)
- Difficult to get an appointment, 2 to 3 days to get one. (Anlaby Forum, August 2010)
- Number of Internet appointments at the Doctor: 29/11 at 9.45 am – 9 appointments available up to 12/12, 2 x Dr Wheatley and 7 x Dr Ebirth. What priority is given to appointments re Internet? (Withernsea Coffee Morning, November 2010).
- Improve Out of Hours service. (Withernsea Coffee Morning, November 2010).
- Improve Doctors' surgery hours to include evening and weekends. (Withernsea Coffee Morning, November 2010).
- Out of Hours Doctors' service and the fact that the hospital will not help at all, even ring for an ambulance out of hours. (Withernsea Coffee Morning, November 2010).

Appointments

- Waiting too long to see an eye specialist, urgent because not being able to drive, doctor put urgent on the letter. No appointment until early May, which will be about 9 weeks. (March 2010 Forum)

After Care

- Cancer after care poor, left 2 weeks without any care – terminally ill. (March 2010 Forum)
- NHS too worried about litigation in respect of after care advice. (November, 2010 Questionnaire)
- More support from district nurses. (Withernsea Coffee Morning, November 2010).

Secondary Care

- Outpatient clinic needs improvement at Scarborough Hospital. (March, 2010 Forum)
- Trained nurses spend too much time completing paperwork and not sufficient time 'hands on' with the patient. Arrangements should be made to reduce the amount of paper and increase trained nursing time with the patient. All paperwork should be scrutinised to ensure that it is absolutely essential to patient care. (March 2010 Forum)
- Reduction of Orthopaedic Services at Goole. (Goole 2010 Forum)
- Lack of Orthopaedic Services at Goole. (Goole 2010 Forum)
- Child with disabilities is taken to Scunthorpe when ill which is difficult to visit/collect from hospital as they have no transport to return. Would like to see maternity back. (Goole, 2010 September Forum)
- Complaint regarding food received at Scunthorpe Hospital. (Goole 2010 September, Forum)
- No paediatric nurse available for under 16's so have to attend hospital for severe problem which needs constant dressing. (Goole Forum September 2010)
- No repair of hearing aids available at Goole Hospital so have to go to Hull Royal Infirmary, where you have to make an appointment to repair which takes 2 or 3 days so without hearing aid. (Goole Forum September 2010)
- No A & E at Goole so patients have to go to Scunthorpe. (Goole Forum September 2010)
- Treatment was good at Goole Hospital but aftercare poor, follow-up with specialist was unsatisfactory. (Goole Forum September 2010)
- Following a foot operation at Goole Hospital was discharged and then left to own devices. No aftercare. (Goole Forum September 2010)
- Consultant from Scunthorpe does not come any more nor his replacement. Is Goole Hospital shutting down? Why should we have to travel to Scunthorpe when there is a hospital here? (Goole Forum September 2010)
- Not able to have a baby in Goole. (Goole Forum September 2010)
- Concern about the future of Goole Hospital having to go to Hull for cataract operation. (Goole Forum September 2010)
- Maternity services should come back from Scunthorpe as it's a trek and just not the same service. (Goole Forum September 2010)
- Accident and Emergency – non existent in the East Riding. (November 2010 Questionnaire)
- Concern about Goole Hospital closing. (Goole Forum September 2010)
- Patients are pushed to other hospitals; they should know they can choose to be at Goole. (Goole Forum September 2010)
- Goole Hospital fantastic it is a shame that it is so limited in what it can do. Worried that Goole Hospital might close. (Goole Forum September 2010)
- Does not want to lose Goole Hospital, grandson has allergies but has to use Castle Hill Hospital and Hull Royal Infirmary. We need a Hospital in Goole. Do not want to travel to Scunthorpe it takes too long to take a child to Scunthorpe in an emergency. (Goole Forum September 2010)

- Husband had cancer and he had to travel to Leeds and Doncaster. Concerned that Goole is being run down especially for people with no transport. (Goole Forum September 2010)
- NCT feedback from groups in the area was that residents had concerns regarding the movement of services from Goole to Scunthorpe and York hospitals. (Goole Forum September 2010)
- Lack of services in Withernsea Hospital ie Consultant clinics, as there are a lot of people have to travel to Hull. (Withernsea Coffee Morning, November 2010).
- More consultants' services into local areas; clinics and surgeries. (Withernsea Coffee Morning, November 2010).
- No nursing care beds in the area from Spurn to Hull/Bridlington. (Withernsea Coffee Morning, November 2010).

Dentistry

- Could not find dentist. (Goole Forum September 2010)
- More dentists are required. (November 2010 Questionnaire)
- Additional NHS dental care required. (November 2010 Questionnaire)

Preventative Care

- We need better socialisation of good health/fitness and sport. Sport Relief as an example has an enormous coverage and success in "marketing" fitness. Work towards making good health the norm and involve local celebs with recognised street 'cred'. (March 2010 Forum)

Social Care

- Social Work Department, aftercare, terrible. (September, 2010, Goole Forum)
- Waiting months for social services assessment. Not kept up-to-date with information, Community Psychiatric Nurse who did support us went off sick and haven't heard anything since. (Goole Forum September 2010)
- Assessment for elderly and staff helping them. Out of hours provision and home visits poor especially for the elderly. (Goole Forum September 2010)
- The first priority should be to be helpful to the public rather than put them off by saying they can't help you must ring elsewhere or write away for information (why not, and this would be a 'novelty', obtain the information for you). (November 2010 Questionnaire)
- Missing help for OAPs at home (November 2010 Questionnaire)
- Care required for the elderly who live in villages where carers from commercial firms are loath to come. (November 2010 Questionnaire)
- Co-operation between the Local Authority and the local PCT. There needs to be more sharing and better inter-disciplinary working. Resources and staff are not sufficient to deliver a very tight agenda also, not enough "carer" hours. There does not appear to be enough human resources to respond to need. (November 2010 Questionnaire)
- Insufficient liaison sometimes between services/departments. (November 2010 Questionnaire)

- No nursing homes leading to families being split up. Can't there be a joint venture? 3 part buildings owned by one, care by another and health by a third party (tri/part funding). (Withernsea Coffee Morning, November 2010).

Transport

- Lack of transport from Hook – no bus service to Goole to visit GP or hospital. (Goole Forum September 2010)
- Yorkshire Ambulance Service not taking people to Goole despite being told to do so. Scunthorpe trying to work with local buses (Goole so far) to provide local network services. (Goole Forum September 2010)
- Hospital transport – better communication. (Withernsea Coffee Morning, November 2010).

Mental Health

- Mental health understanding and treatment is poor. Special medication not available in Goole so had to go daily to Hull. (Goole Forum September 2010)
- Improved Mental Health Services in rural areas. (November 2010 Questionnaire)
- More help for parents with children affected by mental health issues and things like autism. There's a 12 month waiting list to see child psychiatrists for example. (November 2010 Questionnaire)

Identity

- The residents still associate themselves with Hull more than the East Riding. (Anlaby Forum August 2010)

Other

- No grit at Doctors and Hospital drives. (Withernsea Coffee Morning, November 2010).

Anlaby Clinic

- Anlaby should have a medical centre – not old myself and can drive to Hessle but other people can not. A taxi from home to Hessle is 6 miles and no bus service is available. Can walk to the clinic in 10 to 15 minutes taxi/car journey each way. (Anlaby Forum 2010)
- As a disabled person I find Anlaby Clinic easy to get to as I can use my mobile scooter. (Anlaby Forum, August 2010)
- Cottingham and Hessle seem to do so much more for people than Anlaby Clinic. Keep the community services, we don't all have the transport or want to travel! (Anlaby Forum, August 2010)
- Apart from the services, the social aspect and contact for families and the elderly would be diminished. (Anlaby Forum, 2010)
- I think anyone young or old who lives in Anlaby needs the clinic for local services and should not have to travel to Cottingham/Hessle. (Anlaby Forum, 2010)
- Anlaby needs to be brought into the 21st Century; it is too far behind Cottingham and Hessle Clinic. Bad weather is a problem if you don't have your own transport. For mums with pushchairs Anlaby Clinic is within walking distance. They live on the big estates, they may have cars but their husbands might have the car it is these people who need a local clinic. It is wrong to get rid of all the local facilities. (Anlaby Forum August 2010)
- No GP available in the village, doctors available in Hessle, North Ferriby and Willerby. New centre being built at Chestnut Avenue in Willerby, which Anlaby people can access. If you can develop services here, why not use Anlaby Clinic? (Anlaby Forum August 2010)
- An Anlaby family member could only get a Hessle doctor and now after a serious injury, still can't get an Anlaby doctor. (Anlaby Forum 2010)

Local Hospitals

- Need assurance of knowing that if required can be cared for in our local hospital near family and friends. (November 2010 Questionnaire)
- I am absolutely amazed to read that the inpatients wards at Driffield Hospital are to be closed completely. Yes, there has been a decline in the number of beds being used. BUT a few years ago this was a very busy Department and because of cutbacks services have been reduced. NOT because of the lack of need for beds but for funding. Surely it is better for patients and their families to have assurance that their families are being cared for near at home. Plus the assurance that if needed urgently they hadn't the problem of travelling outside Driffield. Isn't it time that the Bridlington Hospital came under the East Riding Care... again now under the North Riding they are also cutting back services at Bridlington. It was supposed to be a purpose built Hospital to cater for all our needs BUT now half the Wards are closed. Come and get your act together lets make both Driffield + Bridlington Hospitals viable and a credit to our area. We hear there is to be a new Hospital Care Home built at Beverley will this become another rundown building in twenty years time the same. (November 2010 Questionnaire)
- Western Wolds area hospital is needed covering Pocklington also Market Weighton area. (November 2010 Questionnaire)

- It is too far to go to main hospitals for treatment i.e. Hull/Scunthorpe, especially for pensioners. (November 2010 Questionnaire)
- More beds required at Alfred Bean Hospital (November 2010 Questionnaire)

West Wolds

- Western Wolds area hospital is needed covering Pocklington also Market Weighton area. (November 2010 Questionnaire)

Haltemprice

- Local area of Elloughton, Brough, Welton and South Cave is not adequately provided for in any aspects of health provision. Population has risen by 60% since 2005. (November 2010 Questionnaire)

Information

- Patient information missing from NHS e.g. "What to expect from services", "How to communicate with provider, GPs, hospitals etc". (November 2010 Questionnaire)
- Can more information be available about all changes in the NHS for patients as a lot of people are concerned and confused. (November 2010 Questionnaire)

Complementary Services

- Communication with other services outside the NHS that are complementary and can strengthen the work of the NHS are missing. (November 2010 Questionnaire).

Funding

- Concern about huge inequity in provision between East Riding and Hull for primary health care. Hull is privileged to get multi million pound health centres. In North Ferriby we could only retain a GP by the parish council borrowing money from the Public Loans Works Board to fund the conversion of a small room in the Village Hall to provide a surgery. The community is now in debt for 10 years to pay for its own primary health care, otherwise patients would have to travel to Hessle. (November 2010 Questionnaire)

On receiving comments from members of the public, LINK issue information on how individuals may take their concerns further by the distribution of PALS contact information. ERYLINK will also investigate general matters and draw the appropriate organisation's attention to the concerns that have been raised.

Conclusions:

After taking into account the many views and comments received from across the East Riding of Yorkshire, the general conclusion must be that the majority of people in our area are very accepting of the provision and standard of care provided. In answer to one of our questions about changes required, one person summed the situation up very neatly when he stated that 'we do not know what should be provided or improved until we need the service and it is not there'.

From the views expressed it is clearly demonstrated that the people within the East Riding of Yorkshire would like to see the service given as near to the community in which they reside as possible. They would also like to see greater flexibility in times of access to that service i.e. greater convenience.

Local hospitals are valued and people are concerned that this service will be reduced. The local community would like to see the level of services available in these hospitals not only maintained but increased to reduce the need to travel to the larger outreach hospitals such as Scarborough or Scunthorpe.

This interim report is not inclusive and only gives a brief review of some of the services available and people's perception of the improvements they would like to see. It is hoped that the conclusions reached and the general comments and recommendations made on pages 24 to 32 will help to provide an impetus to improving patient's care experience and the availability of a local person and service user centred service.

Recommendations:

The Care in the Community Sub Group would like to commend this interim report to the ERYLINK Lead Group and make the following recommendations:

- a) that the document be circulated to all local Primary Care Trusts or their successors (i.e. the future GP Commissioning Consortia), Secondary Care Providers, and that their particular attention be drawn to the 'General Comments and Recommendations' made on pages 24 to 32;
- b) that a copy be forwarded to East Riding of Yorkshire Council's Overview and Scrutiny Committees and the East Riding Social Services Department;
- c) that the document be viewed as 'work in progress' and that it is used to influence ERYLINK's Work Plan for the forthcoming year.

Ron Hart
Chair
Care in the Community Sub Group

March 2011

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Hull and East Yorkshire Hospitals NHS Trust
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Humber NHS Foundation Trust
East Riding of Yorkshire Council (Adult Services)
Members of the Public
ERYLINK Host (HWRCC)
ERYLINK Members

Appendices

GP PRACTICES - ADDITIONAL AND ENHANCED SERVICES (APPENDIX 1)

Table showing number of each additional and enhanced services available in each locality.

	Locality 1	Locality 2	Locality 3	Locality 4
Services				
Cervical screening	12	8	8	11
Child Health surveillance	12	8	8	8
Minor Surgery	12	8	8	11
Contraceptive services	11	8	8	11
Maternity medical services	12	8	8	11
Childhood immunisation & pre-school boosters	12	8	8	8
Vaccinations & immunisations	12	8	7	10
Enhanced services				
Minor Surgery	12	7	8	8
Anticoagulation monitoring	6	1	4	4
Anticoagulation monitoring and testing	5	7	1	5
Near Patient testing	12	8	8	11
Intrauterine contraceptive device (IUCD)	12	8	8	7
Substance Misuse	3	1	3	3
Post operative care	10	5	8	9
GnRH Analogues	12	8	8	11
Glucose Tolerance testing	11	7	3	9
Influenza immunisations	12	8	8	10
Implanon insertions/removals	9	8	8	4
Insulin conversions	5	6	5	0
Pessaries	9	7	8	5
24 Hour ECG monitoring	3	0	1	0
Urea breath testing	2	3	2	1
Extended opening hours	7	0	6	3
Practice based Commissioning	12	8	8	11
Choice and Booking	11	4	5	7
DES: Alcohol 2010/11	6	7	5	4
DES: Learning Disabilities 2010/11	6	6	5	3
DES: Osteoporosis 2010/11	8	7	7	7
DES: Ethnicity 2010/11	5	2	3	4

GLOSSARY OF TERMS – APPENDIX 2

A & E	Accident and Emergency
Acute	Medical or surgical treatment usually provided in a general hospital.
COPD	Chronic Obstructive Pulmonary Disease
DES	Department of Education and Science
DoM	Department of Medicine
DVT D-Dimer	Deep Vain Thrombosis Test
ECG	Electrocardiogram
ENT	Ear, Nose and Throat
GNrH	Gonadotropin-releasing hormone
HaRP	Proactive care of COPD patients
MIU	Minor Injuries Unit
OOH	Out of Hours
NCT	Neighbourhood Care Team(s)
Primary Care	Services provided by family doctors, dentists, pharmacists, optometrists and ophthalmic practitioners together with district nurses and health visitors, with administrative support.
Secondary Care	Specialist health care services that treat conditions which normally cannot be dealt with by primary care practitioners (ie GPs, therapists, community nurses etc) or which are as the result of an emergency. It covers medical treatment or surgery that patients receive in hospital following a referral from a GP. Secondary care is made up of NHS foundation, ambulance, children's and mental health trusts.
Urea Breath Test	The urea breath test (UBT) is a test for diagnosing the presence of a bacterium, <i>Helicobacter pylori</i> (<i>H. pylori</i>) in the stomach. <i>H. pylori</i> cause inflammation, ulcers, and atrophy of the stomach. The test also may be used to demonstrate that <i>H. pylori</i> have been eliminated by treatment with antibiotics.



**Humber & Wolds
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Host of East Riding of Yorkshire LINK



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